



State of California—Health and Human Services Agency
Department of Health Services



SANDRA SHEWRY
Director

July 09, 2004

ARNOLD SCHWARZENEGGER
Governor

Medi-Cal Eligibility Branch Information Letter No.: I 04-03

**TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS**

**SUBJECT: SOCIAL SECURITY ADMINISTRATION REFERRAL
NOTICE – FORM MC 194**

The purpose of this Medi-Cal Eligibility Branch Information Letter is to provide county welfare departments with a copy of the updated Social Security Administration Referral Notice MC 194 (2/04). The back of the form was revised to replace the reference to "Aid to Families with Dependent Children" with the "California Work Opportunity and Responsibility to Kids."

This revised version is currently available through the Department of Health Services (DHS) website:

<http://dhs.ca.gov/publications/forms/Medi-Cal/eligibilitybynumber.htm>

The revised MC 194 (2/04) form will also be available through the DHS warehouse by contacting the following:

DHS Warehouse
1037 North Market Boulevard, Suite 9
Sacramento, CA 95834
(916) 928-9217

If you have any questions about this form you may contact Mack Guynn at (916) 552-9508.

Original signed by

Beth Fife, Chief
Medi-Cal Eligibility Branch

Attachments

SOCIAL SECURITY ADMINISTRATION REFERRAL NOTICE**Instructions:**

- To CWD: Please complete Part I. Retain original for your records, copy for recipient/SSA. Client must take this form to SSA.
- To Recipients: Read the back of this form. Take the necessary documentation to the Social Security Administration Office listed below in Part I.B.
- To SSA: This form is a request for the action noted in Part I.C. Please complete Part II of this form and distribute as noted in Part I.A. If you have any questions, the eligibility worker's name and phone number are provided.

PART I: TO BE COMPLETED BY THE COUNTY WELFARE DEPARTMENT

A. Please enter the complete county welfare office name and address within the brackets provided.

SSA, after completion:

- ☐ Mail this form to the county welfare office.
- ☐ Return this form to the recipient to be returned to CWD.

B. Social Security Office Information

Name of SSA District/Regional Office

Address (number and street)

City

State

ZIP code

D. Applicant/Recipient Information

Recipient's name (last, first, middle initial)

Date of birth (month/day/year)

Sex (M or F)

County ID per MEDS

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Recipient's SSN (if applicable)

Case name

E. CWO Information

Name of Eligibility Worker

Date form completed

E.W. Worker

E.W. phone number

C. The bearer of this form is an applicant for, or recipient of, Food Stamps, Cash Aid, or Medi-Cal. The following service is required:

- ☐ Original SSN card
- ☐ Duplicate SSN card SSN: _____
- ☐ Info on SSA's Numident File needs to be verified.
☐ Name ☐ DOB ☐ Sex
- ☐ Info on SSA's Numident File needs to be corrected.
☐ Name ☐ DOB ☐ Sex
- Note: Recipient must provide verification of change.*
- ☐ Recipient has been assigned two SSNs. Please take action to delete all but one.
- ☐ Two recipients appear to have been assigned the same SSN. Please verify correct number for recipient from Numident File.

F. Comments

PART II. TO BE COMPLETED BY THE SOCIAL SECURITY ADMINISTRATION DISTRICT/REGIONAL OFFICE

A. Date received

C. Comments

B. Result of Referral

- ☐ 1. Recipient has completed an SSN application (including Form SS-5 and other proof) and application is being processed.
- ☐ 2. Insufficient ID.
- ☐ 3. SSN application is not being processed. (Explain.)

- ☐ 4. Other. (Explain.)

D. SSA Representative—print name

Signature

Telephone number

SSA REFERRAL INFORMATION SHEET
(For Medi-Cal, Food Stamp, and CalWORKs Recipients)

YOU MUST CONTACT SOCIAL SECURITY

Public Law requires that each person who applies for or receives full-scope Medi-Cal, Food Stamps, or California Work Opportunity and Responsibility to Kids must have or apply for a social security number. For the applicant/recipient noted on the reverse side, either (1) the Social Security Administration does not have a social security number on file, or (2) the information provided by the Social Security Administration and the information provided to the eligibility worker do not agree. To correct this situation, you must contact the Social Security Office indicated on the reverse side of this referral form. **DO NOT MAIL THESE FORMS TO THEM.**

NOTE: *Age, citizenship or alien status, and identity must all be documented.* One of the identification documents must be a **birth or baptismal certificate established BEFORE age 5**. If one is not obtainable, refer to **Column A** for acceptable substitutes. In addition, if the applicant/recipient is a U.S. citizen born outside of the U.S. or an alien, one of the items listed in **Column B** must be presented.

Column A

1. Evidence of Age/Citizenship
 - School records
 - Church records
 - Census records (state or federal)
 - Insurance policy
 - Marriage records
 - Draft card
 - U.S. passport
 - Other records indicating applicant's age or date and place of birth
2. Evidence of Identity
 - Driver's license
 - State identification card
 - Voter's registration
 - School records
 - Health records (doctor's, hospital's, etc.)
 - Any other document which shows applicant's signature, photograph, or description

Column B

1. If you are now a U.S. citizen born outside the U.S., take one of the following items in addition to the item(s) required in Column A:
 - U.S. citizen identity card
 - U.S. passport
 - Naturalization certificate
 - Certificate of citizenship
 - Consular report of birth
 - Form I-179 (U.S. citizen card)
 - Form I-197 (U.S. citizen resident card)
2. If you are an alien, take one of the following items in addition to the item(s) listed in Column A:
 - Form I-151 or I-551 (Alien Registration Receipt Card)
 - Form AR3a, I-94, I-95a, I-84, I-85, I-86, or SW-434
 - Letters from Immigration and Naturalization Service showing alien status

If you have a question concerning the two identification documents which you must take to the Social Security Office, please contact the Social Security Office.